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UNIFORM HAZARDOUS 1. Generator's US EPA ID No.	Anifest ument No	2. Pa	ge 1 Informa	ation in th	e shaded areas d by Federal
3. Generator's Name and Mailing Address		y of	llaw.		
Douglas Aircraft Co. 190th & Normandie		Α.	te Manifest [49243 te Generator';	90	Number
533-6677 TOT TAILES, OR SOUR					
5. Transporter 1 Company Name 6. US EPA ID Null J. C. Liquid Waste Disposal C A D Q 5.8.0.1		_	te Transporte		64123
		A 22 20 20 20 20 20 20 20 20 20 20 20 20	nsporter's Ph		7 968 212
7. Transporter 2 Company Name 8. US EPA ID Nui	nber	-	e Transporte		4 EAC.AIA
9. Designated Facility Name and Site Address 10. US EPA ID Nur Triple J 3650 E. 26th St.		G.Sta	te Facility's II		
Vernon, CA [C A T 0 8 0 0 3 5					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number	No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Liquid NOS ORM-E NA9189	001	TT	05000	G	221
b.					
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d.					
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J. Additional Descriptions for Materials Listed Above Alkaline Soap 5%		K.Han	dling Codes fo	or Wastes	Listed Above
Alkaline Soap 5% Grease 2% Oil 3%		K.Han	dling Codes fo		Listed Above
Alkaline Soap 5% Grease 2% Oil 3% Water 90%		K.Han			i Listed Above
Alkaline Soap 5% Grease 2% Oil 3% Water 90% 15. Special Handling Instructions and Additional Information		K.Han			Listed Above
Alkaline Soap 5% Grease 2% Oil 3% Water 90%	31 n flamo		01		Listed Above
Alkaline Soap 5% Grease 2% Oil 3% Water 90% 15. Special Handling Instructions and Additional Information Use gloves, goggles, respirator - Do not go near ope If rejected at Triple J - Return to DAC 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment.	n flam) or	0/ inhale fu	mes,	s Listed Above
Alkaline Soap 5% Grease 2% Oil 3% Water 90% 15. Special Handling Instructions and Additional Information Guide # Use gloves, goggles, respirator - Do not go near ope If rejected at Triple J - Return to DAC	n flame	e or	inhale fu	mes,	
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Department of Health Services Toxic Substances Control Division

21721-64716 Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **UNIFORM HAZARDOUS** 1. Generator's US EPA ID No. Manifest Information in the shaded areas **WASTE MANIFEST** Document No. is not required by Federal law. Generator's Name and Mailing Address A.State Manifest Document Number 8492439ñ Douglas Aircraft Co. 190th & Normandie B.State Generator's ID 4. Generator's Phone (<u>Torrance,</u> CA 90502 Transporter 1 Company Name US EPA ID Number C.State Transporter's ID J. C. Liquid Waste Disposal 0 0 5 8 0 1 3 6 D.Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number E.State Transporter's IDZ13 Z68-313/ F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID Triple J 3650 E. 26th St. H.Facility's Phone Vernon. CA ICAT08.0.0.3368 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12.Containers Total Unit G No. Type Quantity Waste No. Wt/Vc a. E N Hazardous Waste Liquid NOS ORM-E NA9189 001 E TT 05000 G 221 R b. T 0 P C. d. Additional Descriptions for Materials Listed Above K, Handling Codes for Wastes Listed Above Alkaline Soap 5% Grease 2% 011 3% Water One 15. Special Handling Instructions and Additional Information Gu1de #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected at Triple J - Return to DAC 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year Donald C. Gerber 259 270 27 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year LANGUE HERDESKITE Z 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Date Printed/Typed Name Signature Month Day Year

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